

UNITED STATES DISTRICT COURT

for the
District of Columbia

Public Citizen;
Public Citizen Foundation; and
David Halperin

Plaintiff(s)

v.

Elisabeth Devos, in her official capacity as Secretary
of the U.S. Department of Education; and
United States Department of Education

Defendant(s)

Civil Action No. 19-cv-00986-RDM

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* William Barr
Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Nandan M. Joshi
Allison M. Zieve
Scott Nelson
Public Citizen Litigation Group
1600 20th Street NW
Washington, DC 20009

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

04/10/2019



ANGELA D. CAESAR, CLERK OF COURT

/s/ Elizabeth A. Fernandez

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:19-cv-986

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) William Barr, Attorney General
was received by me on (date) 4/10/19.

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or


☐ I returned the summons unexecuted because _____; or

☒ Other (specify): On April 10, 2019, I caused the summons and complaint to be served on Attorney General William Barr by sending them by certified mail to the address listed on the summons. I received a return receipt indicating delivery on April 16, 2019.

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 4/22/19



Server's signature

Sarah Lubiner Office Manager Public Citizen Litigation Group

Printed name and title

1600 20th St NW Washington, DC 20009

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Barr, Attorney General of U.S.
U.S. Department of Justice
950 Pennsylvania Ave NW
Washington, D.C. 20530



9590 9402 3914 8060 1557 32

2. Article Number (Transfer from service label)

7013 3020 0002 1312 9817

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 16 2019

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (0) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt